

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/673609

FILING DATE

28/10/80

APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51			
2			/				52			
3				/			53			
4					/		54			
5						/	55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16			/				66			
17				/			67			
18					/		68			
19						/	69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.			44				TOTAL DEP.			
TOTAL CLAIMS			76				TOTAL CLAIMS			